Unde	er the Paperwork	NT APPLICA	1995, no pe	rsons are require	ed to respond to	a collection of info	mation unles	Application	s a valid OMB co in or Docket Num	ntrol number.
00	tober	1 2004	Substitute	for Form PTO	-875				49971	287
		CLAIMS AS F		PART (Colu	SMALL E	NTITY	OR	OTHER SMALL E		
	FOR	NUMBER	BER FILED NUMBER EXTR		EXTRA	RATE	FEE		RATE	FEE
BASIC (37 CF							<u> 395 </u>	OR _.	10	<u>.790</u>
(37 CF	L CLAIMS R 1.16(c))		minus 20 =		·			OR	× \$ 1 0 =	
	PENDENT CLAIMS FR 1.16(b))	5	minus 3 = *			× 44 =		O,R	200 =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$ <u>130</u> =		OR ·	+5,500 =	
* If the difference in column 1 is less than zero, enter *0* in column 2.						TOTAL		OR'	TOTAL .	
CLAIMS AS AMENDED - PART II								v OR	OTHER	
	10105	(Column 1)		(Column 2)	(Column 3)	SMALL	NTITY	1	SMALL	
AMENDMENE	` \	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	20	Minus	30	= /	x \$ <u>9</u> =	-	OR	x \$ <u>/8</u> =	
	Independent (37 CFR 1.16(b))	. 5	Minus	7	= /	× 444 =		OR	x \$ 88 =	
AM	FIRST PRESENTA	ATION OF MULTIPLE	DEPENDEN	IT CLAIM (37 CF	R 1.16(d))	+.150=		OR	+ \$200 =	
						TOTAL ADD'L FEE	<u> </u>	OR:	ADD'L FEE	<u> </u>
:		(Column 1)		(Column 2)	(Column 3)			,	<u> </u>	
AT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total (37 CFR 1.16(c))	AMENDMENT	Minus	•• ,	=	x s_4_=		OR	x \$ <u>/8</u> =	-
R	Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$ <u>44</u> =		OR	x \$ 88 =	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s/50=	ļ	OR	+ \$ <u>300</u> =	
					•	ADD'L FEE	L	OR	: ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)	·	,	7	<u> </u>	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	AMENUMENT	Minus	**	=	x s_9_=		OR	x s 18 =	
	(37 CFR 1.15(c)) Independent (37 CFR 1.15(b))	•	Minus	***	=	x s <u>44</u> =		OR	x \$ <u>\$</u> \$ =	· · · · · · · · · · · · · · · · · · ·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s/50=		OR	+ s300 =	-
						TOTAL ADD'L FEE		OR.	TOTAL ADD'L FEE	
		column 1 is less th Number Previous Number Previousl					in the approp			

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pateril on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pateril on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pateril on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Pateril on the amount of time you require to complete this form and/or suggestions for reducing this pateril on the amount of time you require to complete this form and/or suggestions for reducing this pateril on the appropriate box in column 1.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2